

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-weight: bold; text-align: center;">10764133</div>	Filing Date
				Applicant(s)	
* May be used for additional claims or amendments					

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	4					
Total Depend	11					
Total Claims	15					

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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